

DEPARTMENT OF JUSTICE
Office of Consumer Protection
PO BOX 200151
Helena, MT 59620-0151
Phone: (406) 444-4500
1-800-481-6896

Consumer Complaint Form

To submit your complaint:

1. Fill out this form as completely as possible, sign it and mail the **signed original** (not a copy) to the Office of Consumer Protection. Keep a copy for your own records.
2. Enclose photocopies of all documents relevant to your complaint, such as receipts, warranties, both sides of cancelled checks, contracts, etc. In this case, **do not send originals**.

Please print or type.

Your Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: Home: _____ Business: _____

Party Complained of: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Manager or Salesperson: _____

Product or Service Involved: _____

Model No.: _____ Serial or VIN #: _____

Purchase Price of Product: \$ _____ Approximate Cost of Repair or Replacement: \$ _____

Date of Transaction: _____

If your complaint relates to false advertising or deceptive trade practices, indicate when and where the product or service was advertised. (If possible, attach a copy of the advertisement.)

Was a contract signed?	Yes () – please attach a copy.	No ()
Was a warranty issued?	Yes () – please attach a copy.	No ()

Financial Institution Involved, if any: _____

Referred by: (Name and address of private attorney or legal aid group, etc.)

(COMPLETE PAGE 2)

Did a telemarketer contact you? Yes () No ()

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

- the State has full discretion concerning its acceptance, investigation and resolution of this complaint;
- the State cannot act as my attorney; and
- no attorney/client relationship is established as a result of any activities undertaken on my behalf.

- affirm that this complaint is true and correct to the best of my knowledge; and
- authorize the use of my name and this complaint in investigating the company or individual complained of.

DATE: _____ SIGNED: _____

Optional:

Please answer the following questions. The following voluntary information will help us determine whom we serve. This data will be used for statistical purposes only.

1. Your age (circle one): 18-30 31-40 41-50 51-60 Over 60

2. Are you disabled? Yes () No ()

3. If you are a minority member, designate which: _____